

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 2. Type of Filing:	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual
Original	campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
Amendment to Items: Eff. Date:	11. Name and Address of Depositories or Intended Depositories
3. Full Name of Committee (must include Candidate's first and last name): March with 5 1/2	of committee funds. (Michigan Bank, Credit Union or Savings & Load Association)
As Candidate Full Name (Last First M.):	a. Official Depository
Herite Heart Guisski Marrollo	Ifunting ton
4a. Candidate Full Name (Last, First, M.I.): Marily Mare Guiz Ski Marocco 4b. Political Party (if applicable):	At Cloures, aston
4c. County of Residence: Mucom 5	b. Secondary Depository
4d. Office Sought (Check one):	ar a constant of the same
Governor Lt. Governor State Senator State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UofM Reg. MSU Trustee WSU Gov. Supreme Court Appeals Court	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying
Circuit Court District Court Probate Court	contributions or make qualifying expenditures.
Local or other please specify: Corei 4e. District/Circuit # or Jurisdiction:	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.
5. Date Committee was Formed: 5/2/07	The Campaign Finance Act requires any committee that files
6a. Committee Phone #: 586 - 4-58 - 5884	with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000
6b. Committee Fax #:	in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address:	Committee spent or received or expects to spend or receive in
7a. Complete Comm. Mailing Address (May be PO Box):	excess of \$20,000 and is required to file electronically.
3106 He kinley	** OR ** Committee did not spend or receive or does not expect to spend
3106 He kinley Vouven, Mi 4861	or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May not be PO Box):	14. Verification: I/We certify that all reasonable diligence was used
(4000ch, M. 48091	in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge of belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and
8. Treasurer Name and Complete Address: Mu-ilyn March winski Marrocco 3/06 Me Kinley Warren, M. 4808/ Phone #: 586-758-5884	completeness of each statement filed electronically by the committee I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
Phone #: 586 - 758 - 588 9	Cardidate: Marcherisk Mariare
E-mail Address:	The state of the s
Designated Record Keeper Name and Complete Address:	Current Treasurer: Marilyn Marchiroski Marrocco Marilyn Marchiroski Marrocco
	Designated Record Keeper (Required only if filing electronically):
Phone #:	Cooperation (todaing only it iming organisms in)
E-mail Address:	